

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: Morikatsu MATSUDA et al.

GAU: 3724

SERIAL NO: 09/661,459

EXAMINER: C. Goodman

FILED: September 13, 2001

FOR: PUNCHING MACHINE AND METHOD THEREOF

COMMISSIONER FOR PATENTS
P.O. BOX 1450
ALEXANDRIA, VA. 22313-1450

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SEP 03 2003

SIR:

Transmitted herewith is an amendment in the above-identified application.

- No additional fee is required
- This application qualifies for small entity status. 37 C.F.R. §1.27.
- Additional documents filed herewith: Request for three month extension of time

Claims	Claims Remaining	Highest Number Prev. Paid		Number of Extra Claims	Rate	Fee
Total	6		-20	0	\$18	\$0.00
Independent	1		-3	0	\$84	\$0.00
		<input type="checkbox"/> Multiple Dependent Claims		\$280		\$0.00
		TOTAL OF ABOVE CALCULATIONS				\$0.00
		<input type="checkbox"/> Reduction by 50% for filing by Small Entity				\$0.00
		<input type="checkbox"/> Recordation of Assignment		\$40.00		\$0.00
		TOTAL				\$0.00

- A check in the amount of 930.00 is attached.
- Please charge any additional Fees for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to deposit Account No. 23-2185. A duplicate copy of this sheet is enclosed.
- If these papers are not considered timely filed by the Patent and Trademark Office, then a petition is hereby made under 37 C.F.R. §1.136, and any additional fees required under 37 C.F.R. §1.136 for any necessary extension of time may be charged to Deposit Account No. 23-2185. A duplicate copy of this sheet is enclosed.

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WASHINGTON, DC 20037
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FAX (202) 572-8398



27557

PATENT TRADEMARK OFFICE

Michael D. White
Registration No. 32,795

Date: August 26, 2003

3724

1 P E FEE TRANSMITTAL
for FY 2003

AUG 26 2003
PATENT & TRADEMARK OFFICE
JSCAB

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 930.00)

Complete if Known

Application Number	09/661,459
Filing Date	September 13, 2001
First Named Inventor	Morikatsu Matsuda
Examiner Name	C. Goodman
Group / Art Unit	3724
Attorney Docket No.	000004-00661

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METHOD OF PAYMENT (check one)				FEE CALCULATION (continued)																																																																																																
<p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number 23-2185</p> <p>Deposit Account Name BLANK ROME LLP</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>				<p>3. ADDITIONAL FEES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Large Entity</th> <th style="width: 15%;">Small Entity</th> <th style="width: 15%;">Fee</th> </tr> <tr> <th>Fee Code</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>105</td><td>205</td><td>65</td></tr> <tr><td>127</td><td>227</td><td>25</td></tr> <tr><td>139</td><td>139</td><td>130</td></tr> <tr><td>147</td><td>147</td><td>2,520</td></tr> <tr><td>112</td><td>112</td><td>920*</td></tr> <tr><td>113</td><td>113</td><td>1,840*</td></tr> <tr><td>115</td><td>215</td><td>55</td></tr> <tr><td>116</td><td>216</td><td>205</td></tr> <tr><td>117</td><td>217</td><td>465</td></tr> <tr><td>118</td><td>218</td><td>725</td></tr> <tr><td>128</td><td>228</td><td>985</td></tr> <tr><td>119</td><td>219</td><td>160</td></tr> <tr><td>120</td><td>220</td><td>160</td></tr> <tr><td>121</td><td>221</td><td>140</td></tr> <tr><td>138</td><td>138</td><td>1,510</td></tr> <tr><td>140</td><td>240</td><td>55</td></tr> <tr><td>141</td><td>241</td><td>650</td></tr> <tr><td>142</td><td>242</td><td>650</td></tr> <tr><td>143</td><td>243</td><td>235</td></tr> <tr><td>144</td><td>244</td><td>315</td></tr> <tr><td>122</td><td>122</td><td>130</td></tr> <tr><td>123</td><td>123</td><td>50</td></tr> <tr><td>126</td><td>126</td><td>180</td></tr> <tr><td>581</td><td>581</td><td>40</td></tr> <tr><td>146</td><td>246</td><td>375</td></tr> <tr><td>149</td><td>249</td><td>375</td></tr> <tr><td>179</td><td>279</td><td>375</td></tr> <tr><td>169</td><td>169</td><td>900</td></tr> <tr><td colspan="3">Other fee (specify) _____</td></tr> </tbody> </table>				Large Entity	Small Entity	Fee	Fee Code	Fee Code	Fee (\$)	105	205	65	127	227	25	139	139	130	147	147	2,520	112	112	920*	113	113	1,840*	115	215	55	116	216	205	117	217	465	118	218	725	128	228	985	119	219	160	120	220	160	121	221	140	138	138	1,510	140	240	55	141	241	650	142	242	650	143	243	235	144	244	315	122	122	130	123	123	50	126	126	180	581	581	40	146	246	375	149	249	375	179	279	375	169	169	900	Other fee (specify) _____		
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SUBMITTED BY						Complete if applicable	
Name (Print/Type)	Michael D. White	Registration No. (Attorney/Agent)	32,795	Telephone	202-772-5800		
Signature	<i>Michael D. White/ffy</i>					Date	August 26, 2003